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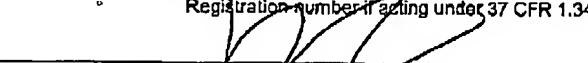
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PTO/SB/22 (01-08)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),)</i>  |                        | Docket Number (Optional)<br>51200(70329)  |
|--|------------------------|---|
| Application Number   | 10/717,975-Conf. #7999 | Filed November 20, 2003                   |
| For MULTILAYER PHOTORESIST SYSTEMS   |                        |   |
| Art Unit   | 1752                   | Examiner A. C. Walke                      |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                        |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                        |   |
|  | Fee                    | Small Entity Fee                          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                  | \$60                                      |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460                  | \$230                                     |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050                 | \$525                                     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640                 | \$820                                     |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2230                 | \$1115                                    |
|  |                        | \$ 2,230.00                               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet. |                        |   |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |                        |   |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,860</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34   |                        |   |
| <br><u>Peter F. Corless</u><br>Typed or printed name  |                        | <u>May 12, 2008</u><br>Date               |
|  |                        | <u>(617) 517-5557</u><br>Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                        |   |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |                        |   |

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